

Weekly Influenza Report Week 16

Report Date: Friday, April 29, 2016

The purpose of this report is to describe the spread and prevalence of influenza-like illness (ILI) in Indiana. It is meant to provide local health departments, hospital administrators, health professionals and residents with a general understanding of the burden of ILI. Data from several surveillance programs are analyzed to produce this report. Data are provisional and may change as additional information is received, reviewed and verified. For questions regarding the data presented in this report, please call the ISDH Surveillance and Investigation Division at 317-233-7125.

WEEKLY OVERVIEW

Influenza-like Illness - Week Ending April 23, 2016			
ILI Geographic Distribution	Sporadic		
ILI Activity Code	Minimal		
Percent of ILI reported by sentinel outpatient providers	1.35%		
Percent of ILI reported by emergency department chief complaints	1.00%		
Percent positivity of influenza specimens tested at ISDH	92.31%		
Number of influenza-associated deaths to date	63		
Number of long-term care facility outbreaks	0		
Number of school-wide outbreaks	0		

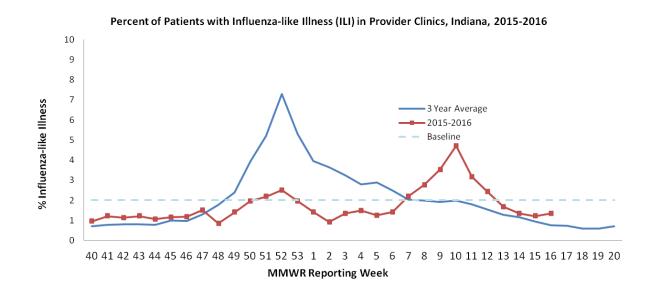


SENTINEL SURVEILLANCE SYSTEM

Data are obtained from sentinel outpatient providers participating in the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet). Data are reported on a weekly basis for the previous Morbidity and Mortality Weekly Report (MMWR) Week by the sentinel sites and are subject to change as sites backreport or update previously submitted weekly data.

Percent of ILI Reported by Type of Sentinel Outpatient Facility, Indiana, 2015-2016 Season				
MMWR Week All Reporters %ILI (n) Universities %ILI (n) Non-Universities %ILI				
16	1.35% (18)	0.82% (5)	1.60% (13)	
15	1.16% (23)	1.83 (7)	0.95 (16)	
14	1.52% (26)	1.00 (9)	1.80 (17)	

Percent of ILI Reported by Age Category in Sentinel Outpatient Facilities, Indiana, 2015-2016 Season			
Age Category, years	Total Number of ILI	Percent of ILI	
0-4	18	29.03%	
5-24	29	46.77	
25-49	4	6.45	
50-64	5	8.06	
65+	6	9.68	
Total	62		



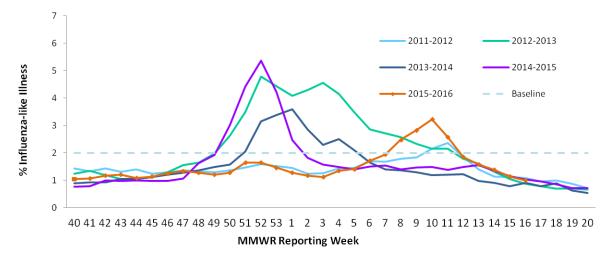


SYNDROMIC SURVEILLANCE SYSTEM

Data are obtained from hospital emergency department chief complaint data through the Indiana Public Health Emergency Surveillance System (PHESS). Data are reported on a weekly basis for the previous Morbidity and Mortality Weekly Report (MMWR) Week and are subject to change as hospitals backreport or update previously submitted weekly data.

Percent of ILI Reported in Emergency Departments by District, Indiana, 2015-2016 Season			
	Previous MMWR Week	Current MMWR Week	
Indiana	1.13%	1.00%	
District 1	0.61	0.92	
District 2	1.18	0.92	
District 3	0.56	0.65	
District 4	1.66	1.18	
District 5	1.07	0.94	
District 6	1.40	1.22	
District 7	1.08	0.81	
District 8	1.85	1.25	
District 9	1.69	1.50	
District 10	1.13	1.02	

Percent of Patients with Influenza-Like Illness (ILI) Chief Complaint in Emergency Departments, Indiana, 2015-2016





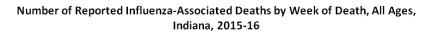
INFLUENZA-ASSOCIATED MORTALITY

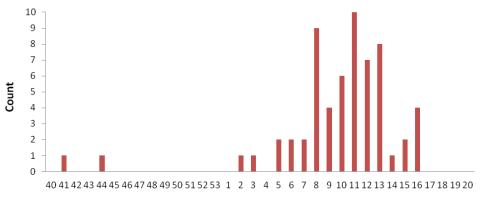
Data are obtained from the Indiana National Electronic Disease Surveillance System (I-NEDSS). Influenza-associated deaths are reportable within 72 hours of knowledge; however, not all cases are reported in a timely manner so data in this report as subject to change as additional cases are back-reported.

Number of Influenza-Associated Deaths for All Ages*, Indiana, 2015-2016 Season		
Age Category, years	Season Total	
0-4	0	
5-24	4	
25-49	9	
50-64	27	
65+	23	
Total	63	

^{*}Due to changes in the reporting rule as of 12/2015, influenza-associated deaths are reportable if either laboratory confirmed or listed as cause of death on death certificate. Therefore, case counts are not directly comparable to previous seasons in which influenza-associated deaths were only reportable by laboratory confirmation.

Counties with ≥5 Laboratory Confirmed Influenza-Associated Deaths for All Ages, 2015-2016 Season			
County	Season Total	County	Season Total
Lake	11		
Marion	18		
Allen	6		





MMWR Reporting Week



VIROLOGIC SURVEILLANCE

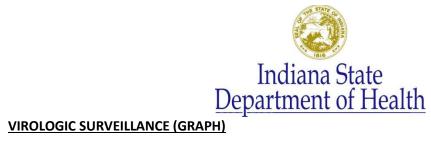
Circulating Influenza Viruses Detected by ISDH Laboratory*, Indiana, 2015-2016 Season				
	Week 16		Season Total	
		Percent of		Percent of
PCR Result	Number	Specimens	Number	Specimens
		Received		Received
2009 A/H1N1pdm virus	5	38.5%	225	36.3%
Influenza A/H3 seasonal virus	0	0%	71	11.5%
Influenza A/H1 seasonal virus	0	0%	0	0%
Influenza B seasonal virus	6	46.1%	49	7.9%
Influenza negative	1	7.7%	253	40.9%
Inconclusive	0	0%	8	1.3%
Unsatisfactory specimen†	0	0%	11	1.8%
Influenza Co-infection [△]	1	7.7%	2	<1%
Total	13	100%	619	100%

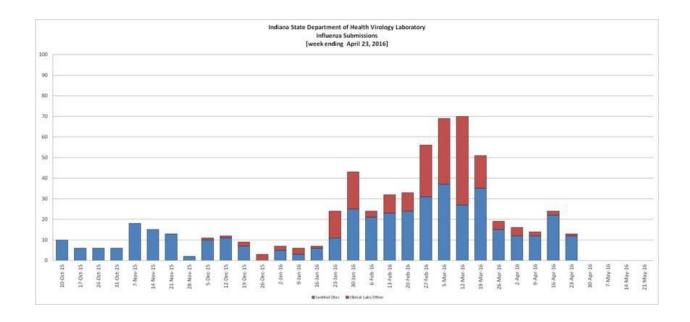
^{*}Data obtained from the ISDH Laboratory via specimens submitted from the ISDH Sentinel Influenza Surveillance System and IN Sentinel Laboratories.

[△] Co-infections of influenza A/H3: influenza A/H1N1pdm and influenza A/H1N1pdm: influenza B have been detected.

Circulating Non-Influenza Viruses Detected by the ISDH Laboratory, Indiana, 2015-2016 Season			
Result	Week 16	Season Total (Since 10/1/15)	Early Surveillance (9/1/15 - 9/30/15)
Adenovirus	2	9	0
Coronavirus 229E	0	0	0
Coronavirus HKU1	0	0	0
Coronavirus NL63	0	0	0
Coronavirus OC43	0	0	0
Enterovirus NOS	0	0	0
Enterovirus/Rhinovirus	0	2	1
Human Metapneumovirus	0	0	0
Parainfluenza 1 Virus	0	1	1
Parainfluenza 2 Virus	0	1	0
Parainfluenza 3 Virus	0	1	0
Parainfluenza 4 Virus	0	1	0
Rhinovirus	0	0	0
Respiratory Syncytial Virus	0	2	0
Total	2	17	2

[†]Unsatisfactory specimens include specimens that leaked in transit, were too long in transit, or were inappropriately labeled.







FLU REVIEW

Flu Vaccine Resources

- The 2016 National Conference for Immunization Coalitions & Partnerships, Ready. Set.
 Vaccinate!
 will be held in Indianapolis on May 25–27, with the aim to improve community health by enhancing the effectiveness of coalitions and partners, as well as to provide networking and professional development opportunities.
- The <u>annual meeting</u> of the <u>National Adult and Influenza Immunization Summit (NAIIS)</u> will be held in Atlanta, Georgia on May 10–12, 2016.

Flu News and Related Studies

- Influenza activity in the United States is still decreasing, but remains slightly elevated above the
 national baseline. Flu activity has peaked nationally for this season; however, an increasing
 proportion of influenza B viruses has been detected, and second waves of influenza B activity
 occur during many flu seasons. Vaccination is recommended for as long as flu viruses are
 circulating. View the map of weekly influenza activity in the U.S. and the latest FluView report
 for more about current influenza activity, trends, and impact throughout the United States
 (CDC).
- A large-scale randomized trial in the UK compared morning and afternoon influenza vaccination times, finding that patients vaccinated in the morning had a greater antibody response (<u>Vaccine</u>).

For Further Information, Visit:

www.in.gov/isdh/25462.htm www.cdc.gov/flu www.flu.gov